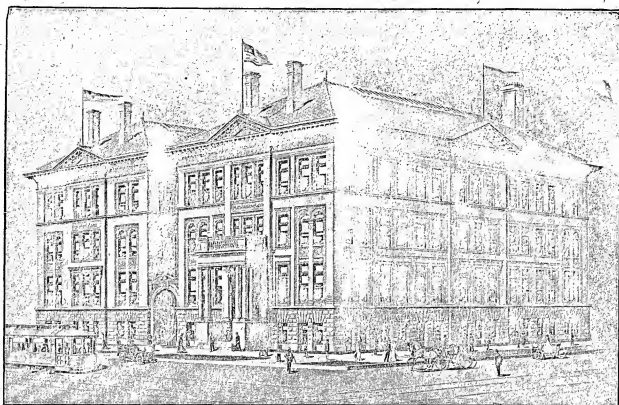


# PASS REPORT BOOK



HEAD OFFICE BUILDING AND ANNEX  
ROCK ISLAND, ILLINOIS

## Modern Woodmen of America

Camp No. 8761

State of Indiana

From Dec. 1 1910 to Dec. 1 1911

MATT PARROTT & SONS CO., WATERLOO, IOWA

## Instructions to Camp Clerks

This Pass report book and the forms contained herein have been devised to assist Camp Clerks in the preservation of copies of all Pass and Semi-annual reports mailed, from time to time, to the Head Clerk. Blank forms of Pass and Semi-annual reports are invariably mailed from the office of the Head Clerk in time to reach the Camp Clerk by the first day of the month in which remittance, under call accompanying such report, is required to be made.

### LEVY OF ASSESSMENTS

The Clerks should formulate reports on the blank forms supplied, in accordance with the printed directions thereon; and then carefully copy such completed report into this Pass report book. This is necessary for the permanent preservation of Camp records, and Clerks will also find it a valuable aid in formulating subsequent reports.

The levy of all assessments is made by the Society's Board of Directors; and notice thereof published in *The Modern Woodman* is legal notice to all members to pay same to their Camp Clerks on or before the last day of the month for which the levy is ordered. If a member defaults in his payment on or before the last day of the month of levy, he stands suspended under the law.

### THE CALL

The Call for an assessment is issued by the Head Clerk on the first day of the month following the date of the levy thereof, the Call always being addressed to local Camp Clerks. The Clerk is required to accept this Call as a legal demand to remit forthwith, to the Head Clerk, the full amount collected under the assessment levied by the Board of Directors, and payable to him by the members of his Camp, in the month preceding that in which the Call is dated. The Clerks are, of course, required to remit arrearages for members who, previously suspended, may have reinstated. Every dollar due under a Call is in the hands of the Clerk and Banker of the Camp on the day Call is dated; hence, no valid reason can be advanced for delay in responding thereto.

### PASS REPORT BLANKS

Blank forms on which to make reports to accompany remittances under Call are mailed to all Clerks of Camp with Copy of Official Call. By means of these reports, the Head Clerk is informed as to the exact standing of or any incident affecting all members of the local Camp. Such reports must be correctly formulated, as error may impair a member's standing. Remittances must invariably accompany reports and be mailed to the Head Clerk. Remittances forwarded to the Head Clerk without report, on blank form furnished by the Head Clerk, will be returned to the Camp Clerk. Remittances cannot be received without report, because the Head Clerk has no way of knowing who the individual members are, who may be entitled to credit for the amount remitted.

### FORM OF REMITTANCE

All remittances are required, under the By-laws, to be made by bank draft, postal money order, or express money order, drawn payable to "Head Banker, M. W. of A., Rock Island, Illinois," and mailed to the Head Clerk. To maintain the good standing of a Camp, report, with remittance in form stated, must reach the Head Clerk on or before the 18th day of the month of Call. (See Secs. 252 and 295, 1908 By-laws.)

### FIRST LIABILITY OF NEW MEMBERS

Sections 35 and 36 of the 1908 By-laws established the first liability of new members. An applicant adopted into an old Camp or a charter member of a new Camp is liable for the assessment current at the date of his adoption; and this assessment is payable at the time of adoption, as the Head Council has ruled that a Benefit certificate, if in the hands of the Camp Clerk, must be delivered to an applicant when the latter receives his Beneficial degree. In other words, the delivery of the certificate must not be delayed in order to affect the new member's liability. Therefore, Camp Clerks are required to collect from newly adopted Beneficial members one assessment on the date of adoption and remit same to the Head Clerk with the Pass report next due. The name of the new member, the date adopted, and his assessment rate, should be reported on page 2 of the Pass report.

### ADOPTION WHILE IN GOOD HEALTH

Adoption of an applicant for membership must take place while the applicant is in good health and within sixty days from the date of certificate issued by the Head Clerk. If, for any cause, the applicant is not adopted within sixty days, the Benefit certificate becomes null and void and must be returned to the Head Clerk with notation thereon "Not adopted." The applicant is then required to make a new application and a new Benefit certificate will be issued, but he is not required to pay a second membership fee.

### PER CAPITA

Per Capita is a charge against the Camp. Social as well as Beneficial members are liable for Per Capita, this being the annual amount due to the Head Camp from every member of the Society. It is payable semi-annually in advance from the General fund of the Camp, upon Call from the Head Clerk, during the months of January and July of each year. When a Camp is organized, General fund dues should be fixed in an amount sufficient to meet the incidental expenses of the Camp, including the Clerk's compensation of not less than sixty cents per member per year, Beneficial and Social, in good standing. (See Sec. 289 of 1908 By-laws), and also including Per Capita tax of \$1.20 per member per year. To maintain their good standing at all times, the Neighbors, Beneficial and Social, must be prompt in the payment of their local Camp dues, which cover their Camp's liability to the Head Camp of \$1.20 annually.

Call for Per Capita is addressed by the Head Clerk to the local Camp Clerks on the first days of January and July of each year. Remittance, in response to this Call, is required to be made so as to reach the Head Clerk on or before the 18th day of the month Call is dated. Failure to make remittance within the limit of time provided by law will cause the suspension of the Camp and all its members.

A member adopted during the semi-annual term is not included in the liability for Per Capita until the next following term, except in new Camps; but, at adoption, he is required to pay to the Camp Clerk General fund Camp dues for the current quarter. In new Camps, all members adopted during month of organization are liable for Per Capita *pro rata* to the end of the current semi-annual term, beginning with the month following date of organization.

### PROHIBITED OCCUPATIONS

On the subject of prohibited occupations see Sections 10, 11, 12, 13, 14, and 290. No person, while engaged in the manufacture or sale of liquor, to be used as a beverage, is eligible to membership in the Society. A member engaging in the manufacture or sale of liquor to be used as a beverage, unless within the exceptions contained in the proviso of Section 2 of the 1908 By-laws, renders his Benefit certificate absolutely null and void the moment he engages in this prohibited occupation. (See Chap. III, 1908 By-laws.) A Camp Clerk must promptly refuse dues and assessments from a member engaging in the liquor traffic (See Sec. 290), and if he violate Section 290 may be removed from office and expelled from the Society. (See Sec. 296, 1908 By-laws.) When a member engages in the liquor business, his name should be entered on page 6 of the next following Pass report forwarded to the Head Clerk. If the member makes objection to the action of the Clerk in refusing his dues and assessments, the Camp Clerk should report his objection by mail to the Head Clerk, with request for instructions.

### HAZARDOUS OCCUPATIONS

No person while engaged in the occupations mentioned in Section 15 of the 1908 By-laws can legally obtain Beneficial membership in the Society.

A person engaged in any of the occupations mentioned in Section 16, who may join as a Beneficial member, shall be required to pay on each assessment levied upon the Beneficial membership of the Society, \$1.00 per \$1,000 of the amount stated in the application in addition to the regular rate of assessment as per table of Rates contained in Section 37, except metal miners (who are required to pay 65 cents per \$1,000 in addition to the regular rate.)

When a member engages in a hazardous occupation—meaning thereby any occupation mentioned in Chapter IV. of the 1908 revision of the By-laws—the Camp Clerk should report to the Head Clerk the Neighbor's name, with full particulars concerning the occupation in which the Neighbor has engaged, so that the Head Clerk may give such instructions as may be deemed necessary.

### REINSTATEMENT

A member in good health and not engaged in any of the prohibited occupations enumerated in Section 12, revised By-laws, 1908, may reinstate by paying to his Camp Clerk arrearages of every kind, provided he has not been in suspension for a period exceeding sixty days. Written certificate of good health is not required.

If a member has been suspended for more than sixty days and less than six months, he will be required to furnish a Certificate of Good Health from the Camp physician (Form 53), which certificate must be submitted to and receive the approval of the Head Physician and Supreme Medical Directors. Aside from arrearages, such member is required to pay a reinstatement fee of \$1.00 and be re-rated according to his attained age. All reinstating members must pay the current assessment and dues (if any) before the provisions of Section 56 and 57 are fulfilled.

If a member is suspended for more than six months he loses all rights as a member of the Society and must come in as a new member, if at all. (See Sec. 58.)

A person over 45 years of age and in suspension for more than six months cannot again become a Beneficial member of the Society.

### DISCIPLINE

The latest revised By-laws (Secs. 132 and 134) impose upon the Head Clerk the duty of removing from office incompetent, negligent or habitually dilatory Camp Clerks, and appointing their successors.

The provisions of these sections will be impartially enforced, but the Head Clerk entertains the hope that instances calling for the exercise of the authority conferred upon him will be rare.

### SUGGESTIONS TO CLERKS

The Camp Clerk is urged to familiarize himself with the provisions of the Society's By-laws, especially those defining the duties of his office. The instructions given in circular No. 44, dated February 1, 1909, issued by the Head Clerk, mailed to all Camp Clerks, are based upon the provisions of the By-laws, which should be consulted by Clerks as a guide in the performance of their official duties.

The Summary of members paying, by rates, is provided for the purpose of proving the accuracy of all Pass reports formulated by the Clerk. Formulate by entering opposite each rate the total number of members actually paying such rate. Then, on the right, enter the total amount paid by the members, excluding all arrearages. After thus listing the membership and extending the amounts, if the work be correct, the footings thereof will agree with item 15 of the Combined Membership and Financial Statement.

In addressing the Head Office, Clerks should invariably give their Camp number and location. This is absolutely necessary.

Clerks are earnestly requested, in the interest of the Camp as well as of the members of the Society generally, to correctly formulate all reports. There is no statement called for by the Head Clerk in any report that is not essential to the interests of the Society, and absolutely necessary in maintaining an accurate system of accounting with the Camp at the Head Office. Fraternally yours,

*D. W. Fawcett*

Head Clerk, M. W. of A.

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## PASS REPORT

Assessment No. 349  
 Levied for Jan, 1910  
 Due Head Office on or before Feb 18, 1910  
 Camp No. 1702  
 Boone Grove, Ind.

Please Fill in Camp Location and State

Total Membership this Report 60  
 Arrears for Neighbors reinstated  
 Benefit short last report  
 Total benefit due

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,  
 N. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk  
 Camp Clerks will leave blank space below for Head Office  
 Draft or Money Order, \$ \_\_\_\_\_ Credit Slip, \$ \_\_\_\_\_

Benefit \$ \_\_\_\_\_ Returned  
 Per Capita \$ \_\_\_\_\_ Credit Slip  
 Supplies \$ \_\_\_\_\_ No.  
 Certificate Fees \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Shortage { Benefit, \$ \_\_\_\_\_  
 Charged { Per Capita, \$ \_\_\_\_\_

Audited by \_\_\_\_\_ Date \_\_\_\_\_

Daily Report Number and Date Received

Date returned \_\_\_\_\_  
 Date re-received \_\_\_\_\_

Admitted by Card from Other Camps—Sec. 82  
 First Link for Assessment No. 243  
 Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Withdrawn by Card—80-82  
 State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of B. C.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in \_\_\_\_\_ first liable Ass. No. \_\_\_\_\_  
 { Adoptions in \_\_\_\_\_ first liable Ass. No. \_\_\_\_\_  
 "Date of Adoption and delivery of Certificate held to be  
 "Beneficial."—Head Consul.  
 NORRIS CARRISLEY, Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* \* \* Assessment current includes the time from the first day of the month in which first assessment is payable to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Del.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated  
 Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	Earl Brown	1.00	172204	1/1/9
2	Marion Dyer	1.00	124180	1/1/9
3	John W. Smith	1.00	1330261	1/1/9
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

Neighbors Reinstated  
 Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57  
 Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

Neighbors Deceased—Secs. 60-65  
 Last Paying Assessment No. \_\_\_\_\_

Item 1	NAME	Rate	Last Paid	Date of Death
1				
2				
3				
4				

Transferred from Beneficial to Social Membership—Sec. 73  
 Last Paying Assessment No. \_\_\_\_\_

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					
4					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					

CHANGE IN RATE, ACCT.—Increase of Insurance—Sec. 44  
 Decrease of Insurance—Sec. 44  
 Increase Rate Acct. Sec. 57  
 Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

CANDIDATES REJECTED

NAME	How Rejected	Date
1		
2		
3		
4		

Beneficial Social Membership  
 Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

NAME	DATE
1	
2	
3	
4	

NAME	DATE
1	
2	
3	
4	

NAME	DATE
1	
2	
3	
4	

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. \_\_\_\_\_ Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1	Earl Brown	1.00	172204	Boone Grove, Ind.	
2	Marion Dyer	1.00	124180	Boone Grove, Ind.	
3	John W. Smith	1.00	1330261	Boone Grove, Ind.	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
1								
2								
3								

MONTHLY REPORT OF SOCIAL MEMBERSHIP  
 (Report here only Social Membership Changes for the Month)  
 Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated  
 Per Capita Arrears Herewith

Item 6	NAME	Amount Paid	Date Paid
1			
2			
3			
4			
5			
6			
7			

Rate Summary  
 Enter number of members (not) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

Enter number of members (not) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Members in Good Standing" shown in item 15, page 10.								
No. Mbrs.	Rate	Amount Paid	No. Mbrs.	Rate	Amount Paid	No. Mbrs.	Rate	Amount Paid
		For'd.						
				\$2.38			\$4.25	
				2.38			4.25	
				2.40			4.40	
				2.45			4.45	
				2.50			4.50	
18		4.00		2.65			4.55	
3		1.65		2.65			4.60	
3		1.70		2.65			4.65	
4		2.60		2.70			4.70	
4		2.80		2.75			4.75	
6		3.00		2.80			4.80	
4		3.20		2.85			4.85	
2		1.70		2.90			4.90	
2		2.00		2.95			4.95	
4		1.70		3.00			5.00	
1		4.00		3.05			5.05	
		1.10		3.10			5.10	
1		1.10		3.15			5.15	
1		1.20		3.20			5.20	
		1.25		3.25			5.25	
		1.30		3.30			5.30	
		1.35		3.35			5.35	
2		2.80		3.40			5.40	
1		1.45		3.45			5.45	
1		1.50		3.50			5.50	
1		1.55		3.55			5.55	
1		1.60		3.60			5.60	
		1.65		3.65			5.65	
		1.70		3.70			5.70	
		1.75		3.75			5.75	
		1.80		3.80			5.80	
		1.85		3.85			5.85	
1		1.90		3.90			5.90	
1		2.00		4.00			6.00	
		2.05		4.05			6.05	
		2.10		4.10			6.10	
		2.15		4.15			6.15	
		2.20		4.20			6.20	
60		4.65						





REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 251

Levied for April, 1910

Due Head Office on or before January 18, 1910

Camp No. 87500

Boone Grove, State of Ind.

Please Fill in Camp Location and State

Total Membership this Report 63

Arrears for 2 Neighbors reinstated 2 00

Benefit short last report

Total benefit due 53 10

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit, \$ Returned--

Per Capita, \$ Credit Slip, \$

Supplies, \$ No.

Certificate Fees, \$ Cash, \$

Shortage Charged { Benefit, \$

Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Assn. No. 251

Notice of Adoptions in first liable Assn. No. 251

Date of Adoption and delivery of Certificate held to be identical. Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a member's assessment is not paid at the time of delivery of his Certificate, the assessment current at the time of delivery of his Certificate shall be payable. If a member's assessment is not paid at the time of delivery of his Certificate, the assessment current at the time of delivery of his Certificate shall be payable. If a member's assessment is not paid at the time of delivery of his Certificate, the assessment current at the time of delivery of his Certificate shall be payable.

NAME	No. of B. C.	Rate	Del. When?
1. M. Wilson	182227	65	4-5-10

Neighbors Reinstated

Within sixty (60) days from date of suspension. Sec. 55

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	B. B. Kline	160	831829	4-14
2.	Chas. Herrin	80	162227	4-30

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
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Admitted by Card from Other Camps. Sec. 82

First Liable for Assessment No. 245

Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
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Transferred from Beneficial to Social Membership. Sec. 73

Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Transferred
1.	L. H. Cornell	181266	100	260	5-15

Transferred from Social to Beneficial Membership. Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
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Withdrawn by Card. Sec. 82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
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Neighbors Deceased. Secs. 60-65

Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
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Transferred from Beneficial to Social Membership. Sec. 73

Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Transferred
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Neighbors Expelled by Camp Trial. Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Expelled
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Change in Rate. Acct. Hazardous Occupation. Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
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CHANGE IN RATE, ACCT.

Increase of Insurance. Sec. 44

Decrease of Insurance. Sec. 44

Increase of Rate. Sec. 57

Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
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CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
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Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate. Sec. 29

NAME	DATE
------	------

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME	Amount	Rate	Date
------	--------	------	------

Report only those Members Who are Suspended for the Non-Payment of Assessment No. 251. Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	W. S. Williams	95	1633251	Verith Jackson Ind.	

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
--------	------	------	--------------	-------------------	---------------	--------------------------	--------------	---------------------------------

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
--------	------	------

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
--------	------	---------------	------

Withdrawn by Card (Social)

Item 3	NAME	Date
--------	------	------

Deceased (Social)

Item 4	NAME	Date
--------	------	------

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expired Date
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Social Members Reinstated Per Capita Arrears Herewith

Item 6	NAME	Am't. Paid	Date Paid
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Combined Membership and Financial Statement

Item	With but one rate each for--	Members	Amount
1.	Total membership remitted for last report (Item 15)	62	50 46
2.	Neighbors adopted since last report, now liable (names page 2)	1	65
3.	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3), one rate for each, amounting to--	2	2 00
4.	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)...		
5.	Admitted by card (names Item 1, page 4)		
6.	Transferred from Social to Beneficial membership (names Item 5, page 6)		
7.	Acct. reinstatement (Item 5, page 5)		
8.	Increase of certificate (Item 5, page 5)		
9.	Acct. change occupation (Item 4, page 5)		
10.	Acct. error in rate (Item 5, page 5)		
Totals		65	55 05
DEDUCTIONS			
11.	Neighbors suspended for non-payment of this assessment (names page 6)...	1	95
12.	Neighbors transferred from Beneficial to Social membership (Item 5, page 6)		
13.	Neighbors expelled (names Item 3, page 3)		
14.	Under Chapter III and Sec. 290-292 (Item 2, page 4)...		
15.	Decrease of Certificate		
16.	Change of occupation		
17.	Error in rate		
Total Deductions		2	1 95
18.	Total membership in good standing	63	51 10
19.	Benefit arrears (Neighbors reinstated (Item 3-4))		2 00
20.	Benefit short last report		
Total Benefit due		63	53 10

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in (Item 18, page 10).

No. Mbrs.	Rate	Am't. this Assn't	No. Mbrs.	Rate	Am't. this Assn't	No. Mbrs.	Rate	Am't. this Assn't
	For'd.							
19	25	4 75						
3	30	90						
3	35	105						
3	40	120						
5	45	225						
4	50	200						
5	55	275						
4	60	240						
5	65	325						
4	70	280						
5	75	375						
2	80	160						
1	90	90						
1	95	95						
5	100	500						
1	105	105						
1	110	110						
1	115	115						
1	120	120						
2	125	250						
3	130	390						
1	135	135						
1	140	140						
1	145	145						
1	150	150						
1	155	155						
1	160	160						
1	165	165						
1	170	170						
1	175	175						
1	180	180						
1	185	185						
1	190	190						
1	195	195						
1	200	200						
1	205	205						
1	210	210						
1	215	215						
1	220	220						

Enclosed please find \$ 53.10 total amount due on this report.

Please place stamp to proper credit and confirm receipt.

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 87500 as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society.

Boone Grove, State of Ind. May 18, 1910

A. E. Jeffers

A. E. Groat

Boone Grove, Ind.

Street, City of A.





# REPORT SOCIAL MEMBERSHIP ON PAGE 8

## PASS REPORT

Assessment No. **253**

Levied for **June**, 191**8**

Due Head Office on or before **July 18, 1918**

Camp No. **8750**

**Boone Grove** State **Ind.**  
Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report <b>55</b>	<b>\$44.40</b>
Arrears for <b>2</b> Neighbors reinstated	<b>2.40</b>
Benefit short last report	
Total benefit due	<b>46.80</b>

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, R. W. OF A. ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk  
Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit	\$	Returned
Per Capita		Credit Slip \$
Supplies		No.
Certificate Fees		Cash \$

Shortage Charged { Benefit, \$.....  
Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received.....

Date returned.....

Date re-received.....

# Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in..... first liable Assn. No.....

"Date of Adoption and delivery of Certificate held to be identified." Head Consul.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a new Camp, enter name of members elected on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.....			
2.....			
3.....			
4.....			
5.....			
6.....			
7.....			
8.....			
9.....			
10.....			
11.....			
12.....			
13.....			
14.....			
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19.....			
20.....			
21.....			
22.....			
23.....			
24.....			
25.....			
26.....			
27.....			
28.....			
29.....			
30.....			
31.....			
32.....			

# Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	<b>John D. Duff</b>	<b>60</b>	<b>134280</b>	<b>6-76</b>
2	<b>W. S. Williams</b>	<b>95</b>	<b>163395</b>	<b>6-28</b>
3				
4				
5				
6				
7				
8				
9				
10				
11				
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13				
14				
15				
16				
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19				
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22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

Neighbors Reinstated  
Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57  
Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

# Admitted by Card from Other Camps.—Sec. 82

First Liable for Assessment No. 243  
Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

# Transferred from Social to Beneficial Membership.—Sec. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

# Withdrawn by Card—80-82

State Number of Last Assessment Paid Year Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

# Neighbors Deceased.—Secs. 60-65

Last Paying Assessment No.....

Item 1	NAME	Rate	Last Paid	Date of Death
1				
2				
3				
4				

# Transferred from Beneficial to Social Membership.—Sec. 73

Last Paying Assessment No.....

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

# Neighbors Expelled by Camp Trial—Chapter XLVII

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 3	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					

# CANDIDATES REJECTED

How Rejected..... Date.....

Item 1	NAME	How Rejected	Date
1			
2			
3			
4			

# Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Beneficial Certificate.—Sec. 29

Item 1	NAME	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

# Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 5	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

# Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

NAME (WITH PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)

Item 1	NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS	STREET AND NUMBER
1	<b>J. A. Caabon</b>	<b>150</b>	<b>967625</b>	<b>Harris Ind.</b>	<b>Route 3</b>
2	<b>J. A. Duff</b>	<b>50</b>	<b>123084</b>	<b>Boone Grove</b>	
3	<b>John Highland</b>	<b>50</b>	<b>126963</b>		
4	<b>Henry Shoddy</b>	<b>200</b>	<b>837833</b>		
5	<b>W. S. Williams</b>	<b>70</b>	<b>1649710</b>	<b>Harris Ind.</b>	
6	<b>W. S. Williams</b>	<b>50</b>	<b>1231267</b>	<b>Independence, Ind.</b>	
7	<b>W. S. Williams</b>	<b>50</b>	<b>1476776</b>	<b>Boone Grove</b>	
8	<b>W. S. Williams</b>	<b>95</b>	<b>163395</b>	<b>W. S. Williams Ind.</b>	
9					
10					
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29					
30					
31					
32					

# Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Assn. Refused	Why Suspended	Was Assessment Confirmed?	If so, When?	Date Engaging in Liquor Traffic
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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27								
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29								
30								
31								
32								

# MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

# Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

# Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

# Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

# Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

# Combined Membership and Financial Statement

Item With but one rate each for—Members Amount

Item	NAME	Members	Amount
1	Total membership remitted for last report (Item 15)	<b>61</b>	<b>50.10</b>
2	Neighbors adopted since last report; now liable (names page 2)		
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3); one rate for each, amounting to.....	<b>2</b>	<b>1.45</b>
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3).....		
5	Admitted by card (names Item 1, page 4)		
6	Transferred from Social to Beneficial membership (names Item 4, page 4)		
7	Acct. reinstatement (Item 5, page 5)		
8	Acct. change occupation (Item 4, page 5)		
9	Acct. error in rate (Item 5, page 5)		
10	Totals.....	<b>63</b>	<b>51.55</b>
11	DEDUCTIONS		
12	Neighbors suspended for non-payment of this assessment (names page 6).....	<b>8</b>	<b>7.15</b>
13	Neighbors withdrawn by card (Item 3, page 6).....		
14	Deceased Neighbors (Item 1, page 6).....		
15	Neighbors transferred from Beneficial to Social membership, (Item 2, page 6).....		
16	Neighbors born expelled (names Item 5, page 6).....		
17	Under Chapter III and Sec. 290-292 (Item 2, page 6).....		
18	Decrease of Cert. (Item 2, page 6).....		
19	Change of occupation (Item 2, page 6).....		
20	Error in rate.....		
21	Total Deductions.....	<b>8</b>	<b>7.15</b>



# REPORT SOCIAL MEMBERSHIP ON PAGE 8

## PASS REPORT

Assessment No. 254  
 Levied for July, 1910  
 Due Head Office on or before Aug 18, 1910  
 Camp No. 8750

Boone, Iowa State  
 Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	54
Arrears for	44
Benefit short last report	3
Total benefit due	47

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 280).

Memoranda for Head Clerk  
 Camp Clerks will leave blank space below for Head Office  
 Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned \$  
 Per Capita \$ Credit Slip \$  
 Supplies \$ No. \$  
 Certificate Fees \$ Cash \$

Shortage Charged \$  
 Benefit \$  
 Per Capita \$

Audited by Date

Daily Report Number and Date Received

Date returned  
 Date received

# Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Asst. No.  
 Adoptions in first liable Asst. No.  
 Date of Adoption and delivery of Certificate held to be identified. Head Council.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of the Certificate. The assessment current includes the time from the date of the month in which the assessment became payable, to the first day of the month in which next assessment is payable. The first day of the month in which next assessment is payable, is a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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31.			
32.			
33.			
34.			

# Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	G. J. Carlson	1.00	247699	7-7
2.	J. B. Dyer	50	1340814	7-24
3.	J. B. Holland	50	1342852	7-8
4.	N. B. Walford	70	1644310	7-19
5.				
6.				
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30.				
31.				
32.				
33.				
34.				

Neighbors Reinstated  
 Suspended more than sixty (60) days, but less than six (6) months—Sec. 57  
 Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				
6.				

# Admitted by Card from Other Camps—Sec. 82

First Liable for Assessment No. 243  
 Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

# Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

# Withdrawn by Card—80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.	J. H. Middle	139624	50	100	7-10
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

# Neighbors Deceased—Secs. 60-65

Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
1.				
2.				
3.				
4.				

# Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

# Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

# CANDIDATES REJECTED

How Rejected

Item 1	NAME	Date
1.		
2.		
3.		
4.		

# Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 20

Item 2	NAME	DATE
1.		
2.		
3.		
4.		

# Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 5	NAME	Amount	Rate	Date
1.	G. J. Carlson	1000	50	5-05
2.	J. B. Dyer	1800	60	7-10
3.	J. B. Holland			
4.	N. B. Walford			
5.				
6.				
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33.				
34.				

# Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

NAME (WRITE PLAINLY)  
 Rate No. of B. C. LAST KNOWN P. O. ADDRESS (TO BASE SUPPLY)  
 STREET AND NUMBER (OF FREE DELIVERY)

Item 1	NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS	STREET AND NUMBER
1.	W. B. Burkhardt	7.5	1588399	Valparaiso, Ind.	Parish Route #
2.	W. B. Burkhardt	50	1322073	"	"
3.	H. B. Burkhardt	50	1638170	"	"
4.	H. B. Burkhardt	150	851829	Carroll, Pa.	"
5.					
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23.					
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27.					
28.					
29.					
30.					
31.					
32.					

# Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
1.								
2.								
3.								

# MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)  
 Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

# Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

# Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

# Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

# Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

# Social Members Reinstated

Item 6	NAME	Per Capita Arrears Herewith	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

# Combined Membership and Financial Statement

With but one rate each for—Members Amount

Item	NAME	Members	Amount
1.	Total membership reported for last report (Item 1)	65	44 40
2.	If for new Camp, Neighbors first liable (names page 2)		
3.	Neighbors adopted since last report; now liable (names page 2)	4	3 20
4.	Neighbors reinstated within sixty days from date suspended (names Item 1 page 3); one rate for each, amounting to		
5.	Admitted by card (names Item 1 page 4)		
6.	Transferred from Social to Beneficial membership (names Item 2, page 4)		
7.	Acct. reinstatement (Item 5, page 5) Increase of certificate (Item 5, page 5) Acct. change occupation (Item 5, page 5) Acct. error in rate (Item 5, page 5)		60
8.	DEDUCTIONS		
9.	Neighbors suspended for nonpayment of this assessment (names page 4)	4	3 20
10.	Neighbors withdrawn by card (Item 3, page 4)	1	50
11.	Deceased Neighbors (Item 1, page 5)		
12.	Neighbors transferred from Beneficial to Social membership (Item 5, page 5)		
13.	Neighbors expelled (names Item 3, page 5)		
14.	Under Chapter III and Sec. 290-292 (Item 2, page 5)		
15.	Change of Certificate (Item 5, page 5)		
16.	Total Deductions	5	3 75
17.	Total membership in good standing	60	44 40
18.	Benefit arrears Neighbors reinstated (Item 3)	3	20
19.	Benefit short last report		
20.	Total Benefit due	47	65

Be sure and report AT ONCE all changes in Office of Camp Clerk, Rank, and Board of Managers, giving names and addresses of new officers elected.  
 State of Iowa  
 Neighbor C. W. HAWES, Head Clerk, M. W. of A.  
 We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750, as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society.  
 Enclosed please find \$ 54.65 total amount due on this report.  
 Please place same in proper credit and confirm receipt.  
 Clerk: A. E. Dyer  
 State: Iowa  
 Street: City of Boone, Iowa



# REPORT SOCIAL MEMBERSHIP ON PAGE 8

## PASS REPORT

Assessment No. **256**

Levied for **Oct**, 1910

Due Head Office on or before **Nov**, 18, 1910

Camp No. **8750**

**Bonne Linn** State of **Ind.**

Please Fill in Camp Location and State

Total Membership this Report **56** \$**45.60**

Arrears for **3** Neighbors reinstated **3** 10

Benefit short last report

Total benefit due **78.70**

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec 280).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Credit Slip

Per Capita \$ No.

Supplies \$ Cash

Certificate Fee

Shortage Charged

Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

# Give Exact Date of Delivery of Benefit Certificate

Adoptions in First Liable Asst. No.

Adoptions in First Liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical. Head Consul.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate.

\* \* \* Assessment current includes the time from the first day of the month in which first assessment became payable, to the first day of the month in which next assessment is payable.

If in new Camp, enter name of members adopted on date of organization, all being liable. Sec. 36.

NAME No. of B. C. Rate

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2

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81

82

# Neighbors Reinstated

Within sixty (60) days from date of suspension. Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1 **John Hoffman** 50 1268643 10-7

2 **Wm. G. Gurnea** 60 1277310 11-3

3 **Henry Shady** 200 821833 10-74

4

5

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## PASS REPORT

Assessment No. 258

Levied for Dec. 1910

Due Head Office on or before Jan. 18, 1911

Camp No. 8150

Boone Grove Ind.

Please Fill in Camp Location and State

MEMBERS 54 AMOUNT \$46.05

Total Membership this Report

Arrears for 4 Neighbors reinstated 3.60

Benefit short last report

Total benefit due 49.65

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 280).

## Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit Returned

Per Capita Credit Slip

Supplies No.

Certificate Fees Cash

Shortage Benefit \$

Charged Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

## Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical - Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate.

\* Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.

If a new Camp, enter name of members adopted on date of organization, all being liable - Sec. 36.

NAME No. of B. C. Rate

Anthe D. Biley 70 12-12

Harry Phillips 1955338 50 12-12

## ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

## Neighbors Reinstated

Within sixty (60) days from date of suspension - Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

Franklin Bickley 86 12-12-10 12-12

Edwin C. Bickley 80 11-23-11 12-12

C. D. C. Bickley 150 9-26-11 12-12

Chas. H. Bickley 75 11-23-11 12-12

860

## Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months - Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

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## Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)

1. Clarence C. Bickley 60 1035837 Hebron Ind. Route #

2. C. D. Bickley 50 1247607 Valparaiso Ind. " 2

3. C. D. Bickley 75 1440762 Valparaiso " " 7

4. C. D. Bickley 50 1269863 Valparaiso " " 7

5. C. D. Bickley 50 1263244 Valparaiso " " 7

6. C. D. Bickley 150 837829 Creston Point Ind. Route 2

7. C. D. Bickley 75 1247607 Valparaiso " " 7

8. C. D. Bickley 75 1247607 Valparaiso " " 7

9. C. D. Bickley 75 1247607 Valparaiso " " 7

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## Rate Summary

Enter number of members (not) in good standing paying each rate opposite name. If each amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Mbrs. Rate Amt. this Assessment No. Mbrs. Rate Amt. this Assessment No. Mbrs. Rate Amt. this Assessment

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REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 260

Levied for March, 1911

Due Head Office on or before Apr. 18, 1911

Camp No. 8750

Boone Grove, Ind.

Please Fill in Camp Location and State

NUMBERS AMOUNT

Total Membership this Report 58 \$47.80

Arrears for 2 Neighbors reinstated 2.25

Benefit short last report

Total benefit due 50.05

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned--

Per Capita \$ Credit Slip \$

Supplies \$ No. \$

Certificate Fees \$ Cash \$

Shortage \$ Benefit \$

Charged \$ Per Capita \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Admitted by Card from Other Camps--Sec. 82

First Liability for Assessment No. 243

Give Number of Former Camp

Item 1 NAME From Camp No. Rate First Liability Date

1.

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Transferred from Social to Beneficial Membership--Sec. 73

Last Paying Assessment No.

Item 2 NAME No. of B. C. Rate Last Paid Date

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Transferred from Social to Beneficial Membership--Secs. 78-79

Item 2 NAME Rate No. of B. C. Date of B. C.

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Withdrawn by Card--Sec. 82

State Number of Last Assessment Paid Your Camp

Item 3 NAME No. of B. C. Rate Last Paid Date of Card

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Change in Rate--Acct. Hazardous Occupation--Secs. 16-18-19

Item 4 NAME No. of B. C. Old Rate New Rate Date Issued

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Change in Rate, Acct. Increase of Insurance--Sec. 44

Decrease of Insurance--Sec. 44

Item 5 NAME Amount Rate Date

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Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Beneficial Certificate--Sec. 29

Item 2 NAME DATE

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Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 3 NAME \$

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11.

Neighbors Reinstated

Within sixty (60) days from date of suspension--Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. In. Burkhardt 75 1582327744

2. A. J. Carlson 180 757625 2544

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11.

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months--Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2 NAME Rate No. of B. C. No. Asst. Refused Why Suspended Was Assessment Paid? If so, When? Date Engaging in Liquor Traffic

1.

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MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report Here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1 NAME Date

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Admitted by Transfer Card (Social)

Item 2 NAME From Camp No. Date

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Withdrawn by Card (Social)

Item 3 NAME Date

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Deceased (Social)

Item 4 NAME Date

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Suspended or Expelled (Social)

Item 5 NAME Suspended Date Expelled Date

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Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME Amt. Paid Date Paid

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Combined Membership and Financial Statement

Item With but one rate each for--

Members Amount

1. Total membership remitted for last report (Item 1)

2. If for new Camp, Neighbors first liable (names page 2)

3. Neighbors adopted since last report; now liable (names page 2)

4. Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 2)

5. Admitted by card (names Item 1, page 4)

6. Transferred from Social to Beneficial membership (names Item 2, page 4)

7. Acct. reinstatement (Item 5, page 5)

8. Increase of certificate (Item 5, page 5)

9. Acct. change occupation (Item 4, page 5)

10. Acct. error in rate (Item 5, page 5)

Totals 60 50.40

DEDUCTIONS

Members Amt.

1. Neighbors suspended for non-payment of this assessment (names page 6)

2. Neighbors withdrawn by card (Item 3, page 4)

3. Deceased Neighbors (Item 4, page 5)

4. Neighbors transferred from Beneficial to Social membership (Item 2, page 5)

5. Neighbors whose expel names (Item 5, page 5)

6. Under Chapter II and Sec. 290-291 (Item 2, page 6)

7. Decrease or Cert.

8. Change of occupation

9. Error in rate

Totals 2 2.60

Total membership in good standing 58 47.80

Benefit arrears 2 Neighbors reinstated (Item 3-4)

Benefit short last report 1.00

Total Benefit due 50.05

Be sure and report AT ONCE all changes in office of Counsel, Clerk, Banker, and Board of Managers, giving names and addresses of new officers elected

State of Ind. Apr. 5 1911

Boone Grove, Ind.

Neighbor C. W. HAWES, Head Clerk, M. W. of A.

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750, as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find \$50.05 total amount due on this report.

Please show name to proper credit and confirm receipt.

Attest:

Boone Grove, Ind. Apr. 5 1911

Boone Grove, Ind.

Clerk's position address No.

Boone Grove, Ind.

Boone Grove, Ind.

Boone Grove, Ind.

Boone Grove, Ind.

Boone Grove, Ind.

Boone Grove, Ind.

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Boone Grove, Ind.





REPORT SOCIAL MEMBERSHIP ON PAGE 8  
**PASS REPORT**  
Assessment No. 262  
Levied for May, 1911  
Due Head Office on or before June 18, 1911  
Camp No. 8750  
Boone Grove, State of Ind.  
Please Fill in Camp Location and State  
Total Membership this Report 54  
Arrears for 3 Neighbors reinstated 2 50  
Benefit short last report  
Total benefit due 46 85  
DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 280).  
Memoranda for Head Clerk  
Camp Clerks will leave blank space below for Head Office  
Draft or Money Order, \$ Credit Slip, \$  
Benefit \$ Returned--  
Per Capita Credit Slip \$  
Supplies No.  
Certificate Fee Cash \$  
Shortage Charged Benefit, \$  
Per Capita, \$  
Audited by Date  
Daily Report Number and Date Received  
Date returned  
Date re-received

Give Exact Date of Delivery of Benefit Certificate  
Notice  
Adoptions in first liable Asst. No.  
Adoptions in first liable Asst. No.  
Date of Adoption and delivery of Certificate held table  
Identical--Head Consul  
NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* Assessment current includes the time from the first day of the month in which first assessment became payable, to the first day of the month in which next assessment is payable.  
If a new Camp, enter name of members adopted on date of organization, all being liable--Sec. 36.  
NAME No. of B. C. Rate Crt. Dat. When?  
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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.  
Neighbors Reinstated  
Within sixty (60) days from date of suspension--Sec. 56  
NAME Rate No. of B. C. Date Reinstated  
1 29 Caplin 50 1269365 7/24/11  
2 J. H. P. 50 1269365 7/24/11  
3 Chas. Hermon 50 1269365 7/24/11  
Neighbors Reinstated  
Suspended more than sixty (60) days, but less than six (6) months--Sec. 57  
Application for reinstatement must be approved before six months period expires.  
Item 2 NAME No. of B. C. Old Rate New Rate Date of Reinstatement  
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Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53  
NAME Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)  
1 John H. Hall 50 1269365 Boone Grove, Ind. R. D. #  
2 J. H. P. 50 1269365 Boone Grove, Ind. R. D. #  
3 B. R. Rhine 50 1269365 Boone Grove, Ind. R. D. #  
Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292  
Item 2 NAME Rate No. of B. C. No. Asst. Refused Why Suspended Was Assessment Tendered? If so, When? Date Engaging in Liqueur Traffic  
1  
2  
3

Rate Summary  
Enter number of members (not) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.  
No. Mbrs. Rate Amt. this Assessment No. Mbrs. Rate Amt. this Assessment No. Mbrs. Rate Amt. this Assessment  
1 25 2.25 56.25  
2 25 2.25 56.25  
3 25 2.25 56.25  
4 25 2.25 56.25  
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32 25 2.25 56.25  
33 25 2.25 56.25  
34 25 2.25 56.25  
Total 54 2.25 120.75  
\*Rates not indicated above to be entered by Camp Clerk on blank lines

Admitted by Card from Other Camps--Sec. 82  
First Liable for Assessment No. 243  
Give Number of Former Camp  
Item 1 NAME From Camp No. Rate First Liability Date Admitted  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
Transferred from Social to Beneficial Membership--Sec. 73  
Last Paying Assessment No.  
Item 2 NAME No. of B. C. Rate Last Paid Date Transferred  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
Transferred from Social to Beneficial Membership--Sec. 73-79  
Item 2 NAME Rate No. of B. C. Date of B. C.  
1  
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7  
8  
9  
10  
11  
Withdrawn by Card--80-82  
State Number of Last Assessment Paid Your Camp  
Item 3 NAME No. of B. C. Rate Last Paid Date of Card  
1  
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3  
4  
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6  
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8  
9  
10  
11

Neighbors Deceased--Secs. 60-65  
Last Paying Assessment No. 243  
Item 1 NAME Rate Last Paid Date of Death  
1 A. C. Hermon 80 5-24/11  
Transferred from Beneficial to Social Membership--Sec. 73  
Last Paying Assessment No.  
Item 2 NAME No. of B. C. Rate Last Paid Date Transferred  
1  
2  
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4  
5  
6  
7  
8  
9  
10  
11  
Neighbors Expelled by Camp Trial--Chapter XLVII  
Item 3 NAME No. of B. C. Rate Last Paid Date Expelled  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
Change in Rate--Acct. Hazardous Occupation--Secs. 16-18-19  
Item 4 NAME No. of B. C. Old Rate New Rate Date Issued  
1  
2  
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8  
9  
10  
11  
CHANGE IN RATE, ACCT. (Increase of Insurance--Sec. 41, Decrease of Insurance--Sec. 42, Increase Rate Acct. Sec. 57, Correction of Error in Rate)  
Item 5 NAME Amount Rate Date  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11

CANDIDATES REJECTED  
NAME How Rejected Date  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
Beneficial Social Membership  
Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate--Sec. 29  
NAME DATE  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report  
NAME \$  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11

MONTHLY REPORT OF SOCIAL MEMBERSHIP  
(Report here only Social Membership Changes for the Month)  
Adopted as Social Members Since Last Report (69-71)  
Item 1 NAME Date  
1  
2  
3  
4  
5  
6  
Admitted by Transfer Card (Social)  
Item 2 NAME From Camp No. Date  
1  
2  
3  
4  
Withdrawn by Card (Social)  
Item 3 NAME Date  
1  
2  
3  
4  
Decedent (Social)  
Item 4 NAME Date  
1  
2  
3  
4  
Suspended or Expelled (Social)  
Item 5 NAME Suspended Date Expelled Date  
1  
2  
3  
4  
Social Members Reinstated  
Per Capita Arrear Herewith  
Item 6 NAME Amt. Paid Date Paid  
1  
2  
3  
4  
5  
6  
7

Combined Membership and Financial Statement  
Item With but one rate each for-- Members Amount  
1 Total membership remitted for last report (item 15) 54 45 15  
2 If for new Camp, Neighbors first liable (names page 2) 3 2 50  
3 Neighbors adopted since last report, now liable (names page 2) 3 2 50  
4 Neighbors reinstated within sixty days from date suspended (names item 1, page 3), one rate for each, amounting to 3 2 50  
5 Neighbors reinstated, suspended more than sixty days, but less than six months, names item 2, page 3-- 58 47 63  
6 Transferred from Social to Beneficial membership (names item 4, page 4) 58 47 63  
7 Acct. reinstatement (item 5, page 5) 58 47 63  
8 Excess of certificate (item 5, page 5) 58 47 63  
9 Acct. change occupation (item 4, page 5) 58 47 63  
10 Acct. error in rate (item 5, page 5) 58 47 63  
Total 54 45 15  
DEDUCTIONS  
Item 8 Neighbors suspended for non-payment of this assessment (names page 6) 3 2 50  
9 Neighbors withdrawn by card (item 4, page 4) 1 80  
10 Deceased Neighbors (item 1, page 3) 1 80  
11 Neighbors transferred from Beneficial to Social membership (item 2, page 5) 1 80  
12 Neighbors expelled (names item 3, page 5) 1 80  
13 Under Chapter III and Sec. 290-292 (item 2, page 5) 1 80  
14 Decrease of Certificate 1 80  
15 Change of occupation 1 80  
16 Error in rate 1 80  
Total Deductions 4 3 30  
Total membership in good standing 50 42 85  
Benefit arrears Neighbors reinstated (item 3-4) 2 50  
Benefit short last report

Be sure and report AT ONCE all changes in office of Camp Clerk, Head Banker, and Board of Managers, giving names and addresses of new officers elected.  
State of Ind. June 8, 1911  
Neighbor C. W. HAWES, Head Clerk, M. W. of A.  
We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750, as shown by the books of the Society.  
Camp, and rendered in accordance with the By-laws of the Society.  
Enclosed please find \$ 46.85, total amount due on this report.  
Please place same to proper credit and confirm receipt.  
Attest:  
A. E. Hermon  
Boone Grove, Ind.  
State of Ind.  
Boone Grove, Ind.  
Clerk of the Society

PASS REPORT

Assessment No. 263

Levied for June 1911  
Due Head Office on or before July 18, 1911  
Camp No. 8750

Boone Grove, State of Ill.  
Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	54 \$43.00
Arrears for 2 Neighbors reinstated	2.50
Benefit short last report	
Total benefit due	4.50

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,  
M. W. OF A. ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk  
Camp Clerks will leave blank space below for Head Office  
Draft or Money Order, \$ Credit Slip, \$

Benefit	\$	Returned
Per Capita		Credit Slip \$
Supplies		No.
Certificate Fees		Cash \$
Shortage		
Charged		Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned  
Date re-received

Admitted by Card from Other Camps—Sec. 82  
First Liabilities for Assessment No. 243  
Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Withdrawn by Card—80-82  
State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					



Adoptions in first liable Asst. No.  
Adoptions in first liable Asst. No.  
"Date of Adoption and delivery of Certificate held to be identical."—Head Constal.  
NOTE CAMPCLERK: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. \* a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Del. When?
1			
2			
3			
4			
5			
6			
7			
8			
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49			
50			

Neighbors Deceased—Secs. 60-65  
Last Paying Assessment No. ....

Item 1	NAME	Rate	Last Paid	Date of Death
1				
2				
3				
4				

Transferred from Beneficial to Social Membership—Sec. 73  
Last Paying Assessment No. ....

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					
4					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issue
1					
2					
3					
4					

CHANGE IN RATE, ACCT. Increase of Insurance—Sec. 41  
Decrease of Insurance—Sec. 42  
Increase Rate Acct. Sec. 43  
Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Neighbors Reinstated  
Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	John Holland	50	1345503	7/11
2	H. Hornfield	50	1638120	7/11
3	B.R. Plume	150	831829	7/11
4				
5				
6				
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28				

Neighbors Reinstated  
Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57  
Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1			
2			
3			
4			

Beneficial Social Membership  
Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 1	NAME	DATE
1		
2		
3		
4		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Item 1	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (OF YOUR DELIVERY)
1	Dr. Burkhardt	25	1582399	Yellaparra, Ind.	Route #
2	A. J. Carlson	150	257590	Bellevue	Route 3
3	Wm. McFarland	160	1591469	"	" 3
4					
5					
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31					
32					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
1								
2								
3								

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)  
Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated Per Capita Arrears Herewith

Item 6	NAME	Am't. Paid	Date Paid
1			
2			
3			
4			
5			
6			
7			

Combined Membership and Financial Statement

With but one rate each for—  
Members Amount

Item	Members	Amount
1	54	44.35
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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99		
100		

No. Mbrs.	Rate	Am't. this Assesmt.	No. Mbrs.	Rate	Am't. this Assesmt.	No. Mbrs.	Rate	Am't. this Assesmt.
1			1			1		
1			1			1		
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REPORT SOCIAL MEMBERSHIP ON PAGE 8

**PASS REPORT**

Assessment No. 266

Levied for Sept, 1911

Due Head Office on or before Oct 18, 1911

Camp No. 8750

State Iowa Boone Grove Ind.

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report <u>54</u>	<u>46.10</u>
Arrears for <u>H</u> Neighbors reinstated	<u>4.10</u>
Benefit short last report	
Total benefit due	<u>4.90</u>

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Returned.....

Per Capita \$..... Credit Slip No.....

Supplies..... Cash \$.....

Certificate Fees.....

Shortage Charged { Benefit, \$..... Per Capita, \$.....

Available by..... Date.....

Daily Report Number and Date Received.....

Date returned.....

Date re-received.....

Give Exact Date of Delivery of Benefit Certificate

Notice (Adoptions in..... first liable Asst. No.....)

"Date of Adoption and delivery of Certificate held to be identical."—Head Counsel.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Paid	When?
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				
12.....				
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28.....				
29.....				
30.....				
31.....				
32.....				
33.....				
34.....				

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Paid
1	<u>Ad. Roabon</u>	<u>1.00</u>	<u>1233222</u>	<u>7/10</u>
2	<u>Chas. Heston</u>	<u>50</u>	<u>1233222</u>	<u>7/10</u>
3	<u>B. A. Kline</u>	<u>1.00</u>	<u>1233222</u>	<u>7/10</u>
4	<u>F. Miley</u>	<u>50</u>	<u>1233222</u>	<u>7/10</u>
5				
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32				

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. 266—Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FROM DELIVERY)
1	<u>J. J. Douthart</u>	<u>75</u>	<u>1233222</u>	<u>Holbrook Ind.</u>	<u>Route 3</u>
2	<u>Chas. Heston</u>	<u>50</u>	<u>1233222</u>	<u>Valparaiso</u>	<u>" 2</u>
3	<u>H. Winterting</u>	<u>50</u>	<u>1233222</u>	<u>Bethlehem</u>	
4					
5					
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29					
30					
31					
32					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
1								
2								
3								
4								
5								
6								
7								
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10								
11								
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32								

Rate Summary

Enter number of members (net) in good standing paying each rate applicable sum, then amount paid by each group of rates. \* Correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in Item 15, page 1b.

No. Mies.	Rate	Amt. this Assessment	No. Mies.	Rate	Amt. this Assessment	No. Mies.	Rate	Amt. this Assessment
1	For'd.		1	2.25	\$2.25	1	4.25	\$4.25
2	30		2	2.30	4.60	2	4.30	8.60
3	35		3	2.35	6.95	3	4.35	12.95
4	40		4	2.40	9.60	4	4.40	17.60
5	45		5	2.45	12.25	5	4.45	22.25
6	50		6	2.50	15.00	6	4.50	27.00
7	55		7	2.55	17.85	7	4.55	31.85
8	60		8	2.60	20.80	8	4.60	36.80
9	65		9	2.65	23.85	9	4.65	41.85
10	70		10	2.70	26.90	10	4.70	46.90
11	75		11	2.75	30.05	11	4.75	51.95
12	80		12	2.80	33.20	12	4.80	56.80
13	85		13	2.85	36.45	13	4.85	61.65
14	90		14	2.90	39.70	14	4.90	66.50
15	95		15	2.95	43.05	15	4.95	71.35
16	1.00		16	3.00	46.50	16	5.00	76.00
17	1.05		17	3.05	50.05	17	5.05	80.65
18	1.10		18	3.10	53.70	18	5.10	85.30
19	1.15		19	3.15	57.45	19	5.15	89.95
20	1.20		20	3.20	61.20	20	5.20	94.60
21	1.25		21	3.25	65.05	21	5.25	99.25
22	1.30		22	3.30	68.90	22	5.30	103.90
23	1.35		23	3.35	72.75	23	5.35	108.55
24	1.40		24	3.40	76.60	24	5.40	113.20
25	1.45		25	3.45	80.55	25	5.45	117.85
26	1.50		26	3.50	84.50	26	5.50	122.50
27	1.55		27	3.55	88.55	27	5.55	127.15
28	1.60		28	3.60	92.60	28	5.60	131.80
29	1.65		29	3.65	96.75	29	5.65	136.45
30	1.70		30	3.70	100.90	30	5.70	141.10
31	1.75		31	3.75	105.15	31	5.75	145.85
32	1.80		32	3.80	109.40	32	5.80	150.60
33	1.85		33	3.85	113.75	33	5.85	155.35
34	1.90		34	3.90	118.10	34	5.90	160.10
35	1.95		35	3.95	122.55	35	5.95	164.85
36	2.00		36	4.00	127.00	36	6.00	169.60
37	2.05		37	4.05	131.55	37	6.05	174.35
38	2.10		38	4.10	136.10	38	6.10	179.10
39	2.15		39	4.15	140.75	39	6.15	183.85
40	2.20		40	4.20	145.40	40	6.20	188.60

\*Rates not indicated above to be entered by Camp Clerk on blank lines

Admitted by Card from Other Camps.—Sec. 82

First Liable for Assessment No. 243

Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership.—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Withdrawn by Card—80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Neighbors Deceased—Secs. 60-65

Last Paying Assessment No. ....

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1					
2					
3					
4					

Transferred from Beneficial to Social Membership.—Sec. 73

Last Paying Assessment No. ....

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					
4					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					

CHANGE IN RATE, ACCT. ....

Item 5	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

CANDIDATES REJECTED

NAME	How Rejected	Date
1		
2		
3		
4		

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

NAME	DATE
1	
2	
3	
4	
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13	
14	
15	

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME	\$
1	
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MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.
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# PASS REPORT

Assessment No. 267  
 Levied for Oct. 1911  
 Due Head Office on or before Nov. 18, 1911  
 Camp No. 8750

Baron Kern  
 High Priest  
 Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	55
Arrears for 2 Neighbors reinstated	1.25
Benefit short last report	3.60
Total benefit due	4.85

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,  
 M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk  
 Camp Clerks will leave blank space below for Head Office  
 Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned—  
 Per Capita \$ Credit Slip  
 Supplies \$ No.  
 Certificate Fee \$ Cash

Shortage Charged  
 Benefit \$  
 Per Capita \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Notice  
 Adoptions in first liable Asst. No.  
 Date of Adoption and delivery of Certificate held to be identical—Head Counsel.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \$ 4. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
4.			
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Neighbors Reinstated  
 Within sixty (60) days from date of suspension—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Baron Kern	1.25	1588389	7/24
2.	Chas. Chiles	.50	1347267	7/24

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
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4.			
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Neighbors Reinstated  
 Suspended more than sixty (60) days, but less than six (6) months—Sec. 57  
 Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

## Admitted by Card from Other Camps—Sec. 82

First Liable for Assessment No. 243  
 Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

## Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
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9.				

## Withdrawn by Card—Sec. 80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
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11.					

## Neighbors Deceased—Secs. 60-65

Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
1.				
2.				
3.				
4.				

## Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

## Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

## CANDIDATES REJECTED

How Rejected

Item 1	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

## Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 1	NAME	DATE
1.		
2.		
3.		
4.		

## Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	Amount	Rate	Date
1.				
2.				
3.				
4.				
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11.				

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FROM DELIVERY)
1.	B. P. Kline	1.50	871829	Crown Point, Ind.	Route 2
2.					
3.					
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## Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaged in Lignor Traffic
1.								
2.								
3.								
4.								
5.								

## MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)  
 Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

## Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

## Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

## Combined Membership and Financial Statement

Item	With but one rate each for—	Members	Amount
1.	Total membership remitted for last report (Item 1)	64	45.10
2.	If for new Camp, Neighbors first liable (names page 2)		
3.	Neighbors adopted since last report; now liable (names page 2)		
4.	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, one rate for each, amounting to—)	2	1.25
5.	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)		
6.	Admitted by card (names Item 1, page 4)		
7.	Transferred from Social to Beneficial membership (names Item 2, page 4)		
8.	Acct. reinstatement (Item 5, page 5)		
9.	Increase of certificate (Item 5, page 5)		
10.	Acct. change occupation (Item 4, page 5)		
11.	Acct. error in rate (Item 5, page 5)		
12.	Totals	56	46.35
13.	DEDUCTIONS		
14.	Neighbors suspended for non-payment of this assessment (names page 6)	1	1.50
15.	Neighbors withdrawn by card (Item 2, page 4)		
16.	Decedent Neighbors (Item 1, page 3)		
17.	Neighbors transferred from Beneficial to Social membership (Item 2, page 4)		
18.	Neighbors expelled (names Item 3, page 5)		
19.	Under Chapter III and Sec. 290-292 (Item 2, page 6)		
20.	Decrease or Certificate		
21.	Change of occupation		
22.	Error in rate		
23.	Total Deduction	1	1.50
24.	Total membership in good standing	55	44.85
25.	Benefit arrears	2	1.25
26.	Benefit short last report	3.60	3.60
27.	Total Benefit due		4.85

Be sure and report AT ONCE all changes in offices of Council, Clerk, Banker, and Board of Managers, giving names and addresses of new officers elected

State of Ind.  
 Baron Kern  
 High Priest  
 State of Ind.  
 Clerk, M. W. of A.  
 Neighbor C. W. HAWES, Head Clerk, M. W. of A.  
 We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750  
 Camp, and rendered in accordance with the By-laws of the Society.  
 Enclosed please find \$ 4.85 total amount due on this report.  
 Please place same to proper credit and confirm receipt.  
 Attest:  
 Clerk, M. W. of A.  
 Street City of Baron Kern

## PASS REPORT

Assessment No. **268**Levied for **Nov.**, 1911Due Head Office on or before **Dec. 18, 1911**Camp No. **8750**Boone Grove, State of **Ind.**  
Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	<b>50</b> \$ <b>39.05</b>
Arrears for <b>one</b> Neighbors reinstated	<b>1.00</b>
Benefit short last report	
Total benefit due	<b>40.05</b>

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

## Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office  
Draft or Money Order, \$..... Credit Slip, \$.....

Benefit	\$	Returned
Per Capita		Credit Slip No. .... \$
Supplies		
Certificate Fees		Cash \$

Shortage Charged { Benefit, \$.....  
Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date returned

Date re-received

Notice Adoptions in..... first liable Asst. No.....

"Date of Adoption and delivery of Certificate held to be identical." Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* \* \* Assessment current includes the time from the first day of the month in which next assessment became payable, to the first day of the month in which next assessment is payable.

If new Camp, enter name of members adopted on date of organization, all being liable. Sec. 36.

NAME No. of B. C. Rate Cert. Del. When?

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Neighbors Reinstated

Within sixty (60) days from date of suspension. Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. **Harmon Kitching** **50** **1235753** **7/27/11**

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2

REPORT SOCIAL MEMBERSHIP ON PAGE 8

**PASS REPORT**

Assessment No. 269

Levied for Dec, 1911

Due Head Office on or before Jan 18, 1912

Camp No. 8750

State Ind. Previous Ind.

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	<u>48</u> \$ <u>38.30</u>
Arrivals for <u>6</u> Neighbors reinstated	<u>8</u> \$ <u>45</u>
Benefit short last report	
Total benefit due	<u>46</u> \$ <u>75</u>

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 206).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Returned.....

Per Capita \$..... Credit Slip No. ....

Supplies \$.....

Certificate Fees \$..... Cash \$.....

Shortage Charged { Benefit, \$.....

{ Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received.....

Date returned.....

Date re-received.....

Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in..... first liable Ass't. No. ....

Adoptions in..... first liable Ass't. No. ....

Date of Adoption and delivery of Certificate held to be identical..... Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. \* \* \* Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable. -Sec. 35.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.....			
2.....			
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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension. -Sec. 56

NAME	Rate	No. of B. C.	Date Reinstated
1. <u>A. J. Casbon</u>	<u>1.00</u>	<u>2576.95</u>	<u>1/10/12</u>
2. <u>C. C. Geringer</u>	<u>1.00</u>	<u>1224.83</u>	<u>1/10/12</u>
3. <u>C. A. Williams</u>	<u>1.00</u>	<u>318.25</u>	<u>1/10/12</u>
4. <u>H. C. Jones</u>	<u>50</u>	<u>1736.30</u>	<u>1/10/12</u>
5. <u>C. Smith</u>	<u>1.00</u>	<u>846.97</u>	<u>1/10/12</u>
6. <u>L. H. Hummer</u>	<u>6.00</u>	<u>1247.216</u>	<u>1/10/12</u>

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months. -Sec. 57

Application for reinstatement must be approved before six months period expires.

NAME	Old Rate	New Rate	Date of Reinstatement
1.....			
2.....			
3.....			
4.....			
5.....			

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1. <u>L. E. Parry</u>	<u>1.00</u>	<u>18137.88</u>	<u>Brownstown, Ind.</u>	
2. <u>B. A. Brown</u>	<u>55</u>	<u>1301306</u>	<u>R. J.</u>	
3. <u>J. R. Dyer</u>	<u>1.00</u>	<u>9206.21</u>	<u>Valparaiso, Ind.</u>	
4. <u>J. R. Dyer</u>	<u>55</u>	<u>1321267</u>	<u>Valparaiso, Ind.</u>	<u>Route 2</u>
5. <u>J. R. Dyer</u>	<u>65</u>	<u>1667226</u>	<u>Indianapolis, Ind.</u>	
6. <u>Wm. J. G. G. G.</u>	<u>1.00</u>	<u>1591459</u>	<u>Brownstown, Ind.</u>	
7. <u>J. R. Dyer</u>	<u>60</u>	<u>1632948</u>	<u>Valparaiso, Ind.</u>	<u>Route 7</u>
8. <u>A. P. Riley</u>	<u>70</u>	<u>1924058</u>	<u>Indianapolis, Ind.</u>	<u>Route 2</u>
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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III, and Secs. 290-292

NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
1.....							
2.....							
3.....							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly completed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessment	No. Mbrs.	Rate	Amt. this Assessment	No. Mbrs.	Rate	Amt. this Assessment
	For'd.							
1	25	2.25	1	25	2.25	1	25	2.25
2	30	2.30	2	30	4.60	2	30	4.60
3	35	2.35	3	35	7.05	3	35	7.05
4	40	2.40	4	40	9.60	4	40	9.60
5	45	2.45	5	45	12.25	5	45	12.25
6	50	2.50	6	50	15.00	6	50	15.00
7	55	2.55	7	55	17.85	7	55	17.85
8	60	2.60	8	60	20.80	8	60	20.80
9	65	2.65	9	65	23.85	9	65	23.85
10	70	2.70	10	70	26.70	10	70	26.70
11	75	2.75	11	75	29.70	11	75	29.70
12	80	2.80	12	80	33.60	12	80	33.60
13	85	2.85	13	85	37.35	13	85	37.35
14	90	2.90	14	90	41.10	14	90	41.10
15	95	2.95	15	95	44.85	15	95	44.85
16	1.00	3.00	16	1.00	48.60	16	1.00	48.60
17	1.05	3.05	17	1.05	52.35	17	1.05	52.35
18	1.10	3.10	18	1.10	56.10	18	1.10	56.10
19	1.15	3.15	19	1.15	59.85	19	1.15	59.85
20	1.20	3.20	20	1.20	63.60	20	1.20	63.60
21	1.25	3.25	21	1.25	67.35	21	1.25	67.35
22	1.30	3.30	22	1.30	71.10	22	1.30	71.10
23	1.35	3.35	23	1.35	74.85	23	1.35	74.85
24	1.40	3.40	24	1.40	78.60	24	1.40	78.60
25	1.45	3.45	25	1.45	82.35	25	1.45	82.35
26	1.50	3.50	26	1.50	86.10	26	1.50	86.10
27	1.55	3.55	27	1.55	89.85	27	1.55	89.85
28	1.60	3.60	28	1.60	93.60	28	1.60	93.60
29	1.65	3.65	29	1.65	97.35	29	1.65	97.35
30	1.70	3.70	30	1.70	101.10	30	1.70	101.10
31	1.75	3.75	31	1.75	104.85	31	1.75	104.85
32	1.80	3.80	32	1.80	108.60	32	1.80	108.60
33	1.85	3.85	33	1.85	112.35	33	1.85	112.35
34	1.90	3.90	34	1.90	116.10	34	1.90	116.10
35	1.95	3.95	35	1.95	119.85	35	1.95	119.85
36	2.00	4.00	36	2.00	123.60	36	2.00	123.60
37	2.05	4.05	37	2.05	127.35	37	2.05	127.35
38	2.10	4.10	38	2.10	131.10	38	2.10	131.10
39	2.15	4.15	39	2.15	134.85	39	2.15	134.85
40	2.20	4.20	40	2.20	138.60	40	2.20	138.60

\*Rates not indicated above to be entered by Camp Clerk on blank lines

Admitted by Card from Other Camps. -Sec. 82

First Liable for Assessment No. 243

Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Transferred from Social to Beneficial Membership -Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

Withdrawn by Card -80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Neighbors Deceased -Secs. 60-65

Last Paying Assessment No. ....

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.....					
2.....					
3.....					
4.....					

Transferred from Beneficial to Social Membership -Sec. 73

Last Paying Assessment No. ....

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.....					
2.....					
3.....					
4.....					

Neighbors Expelled by Camp Trial -Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.....					
2.....					
3.....					
4.....					

Change in Rate -Acct. Hazardous Occupation -Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.....					
2.....					
3.....					
4.....					

CHANGE IN RATE, ACCT.

Increase of Insurance -Sec. 41

Decrease of Insurance -Sec. 42

Increase Rate Act. Sec. -Sec. 57

Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

CANDIDATES REJECTED

NAME	How Rejected	Date
1.....		
2.....		
3.....		
4.....		

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate -Sec. 29

NAME	DATE
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
8.....	
9.....	
10.....	
11.....	
12.....	
13.....	
14.....	
15.....	

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME	\$
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
8.....	
9.....	
10.....	
11.....	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (59-71)

Item 1	NAME	Date
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.....			
2.....			
3.....			
4.....			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.....		
2.....		
3.....		
4.....		

Deceased (Social)

Item 4	NAME	Date
1.....		
2.....		
3.....		
4.....		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.....			
2.....			
3.....			
4.....			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.....			
2.....			
3.....			
4.....			
5.....			
6.....			
7.....			

Combined Membership and Financial Statement

With but one rate each for.....

Item	Total membership remitted for last report (Item 1) Assessment No. ....	Members	Amount
1.....	<u>268</u>	<u>50</u>	<u>38.05</u>
2.....	Neighbors adopted since last report; now liable (Item 2, page 3).....		
3.....	Neighbors reinstated within sixty days from this suspended (Item 1, page 3); one rate for each, amounting to.....	<u>6</u>	<u>6.95</u>
4.....	Neighbors reinstated, suspended more than sixty days, but less than six months (Item 2, page 3).....		
5.....	Admitted by card (Item 1, page 4).....		
6.....	Transferred from Social to Beneficial membership (Item 2, page 5).....		
7.....	Acct. reinstatement (Item 5, page 5).....		
8.....	Increase of certificate (Item 5, page 5).....		
9.....	Acct. change occupation (Item 4, page 5).....		
10.....	Acct. error in rate (Item 5, page 5).....		
11.....	Total.....	<u>56</u>	<u>46.00</u>

DEDUCTIONS

Item	Members	Amt.
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		
7.....		
8.....		
9.....		
10.....		
11.....		
12		

State of Ind. for the Six Months Ended June 30 1918

SOCIAL MEMBERSHIP

SOCIAL MEMBERS SUSPENDED

SOCIAL MEMBERS IN GOOD STANDING

For Whom Per Capita for the second Semi-annual Term of 1916 is Remitted.

*NAME	Amount	Adopted
1. Rosa Parker	60	8-26-17
2. Emma Baker	60	7-5-17
3. Hannah Bagard	60	4-19-16
4. Joe Parody	60	3-2-17
5. John Parody	60	3-3-17
6. John Cornwell	60	3-17-17
7. John Dye	60	3-3-17
8. E. R. Cotton	60	9-3-17
9. Harry Cotton	60	3-3-17
10. Chas. Patton	60	7-5-17
11. G. S. Overman	60	5-19-17
12. Oak	60	8-26-17
13. John Phillips	60	3-17-17
14. Chas. Smith	60	7-20-17
15. F. Thomsen	60	11-28-16
16. A. D. Thomsen	60	2-18-16
17. J. S.	60	7-5-17
16.20		

SOCIAL MEMBERS SUSPENDED

For Whom Per Capita for the ..... Term of ..... is Not Remitted

NAME	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	

ADMITTED BY TRANSFER CARD (Beneficial)

Enter here Neighbors admitted by card prior to ..... 1st, 19..... not yet liable for assessments, but liable for Per Capita

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			
5.			

WITHDRAWN BY CARD (Beneficial)

Neighbors withdrawn by card last paying No. ...., who have deposited their cards in another Camp prior to ..... 1st, 19.....

Item 3	NAME	To Camp No.	Date of Deposit
1.			
2.			
3.			
4.			
5.			

Deceased Neighbors (Beneficial)

Neighbors who died dated ..... liable for No. ...., but not liable for Per Capita

NAME	Date of Death
1.	
2.	
3.	
4.	

Semi-Annual Membership Statement

Item	At the Rate of \$6 for Each Member (Item 3, page 16)	Members	Amount
1	Total Beneficial membership on Assessment No. <u>1-5-17</u>	55	33 00
2	Admitted by card-not yet liable for Assessments (Item 2, page 16)		
3	Social Neighbors in good standing	17	10 20
4	Totals		
DEDUCTIONS			
	Members	Amount	
5	Withdrawn by card (Item 3, page 16)		
6	Deceased (Item 1, page 15)		
7	Total deductions		
8	Net membership for whom Per Capita is remitted	72	43 20
9	Per Capita arrears for Social Neighbors reinstated on this report		
10	Per Capita arrears for Beneficial Neighbors reinstated on this report		
11	Per Capita short last report		
Total Per Capita due			43 20

Instructions to Clerks

The per capita for the year is \$1.20. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated. Each and every Camp is liable for all Neighbors, Beneficial and Social, in good standing on December 31st for first term per capita, and all Neighbors in good standing on June 30th are liable for second term per capita. The Neighbor is required to pay local Camp General fund, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessment separately, but both must be tendered. He cannot accept part payment.

For all neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted. Make all remittances of whatever character, forwarded the Head Office payable to the Society's Head Banker at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society to correct, prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES, Head Clerk. M. W. of A.

"If any of your Social Neighbors have not received Social certificates of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

## CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR

Camp No. .... State of ..... 19.....

The undersigned, Managers and Special Auditor of Camp No. ...., upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof; that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended ..... 19.....

On ..... 19..... there was in our Benefit and General funds (including Assessment No. .... and ..... quarter, 19....., dues): Benefit fund \$.....; General fund, \$.....

We find as due Head Camp, including arrears for members reinstating on Assessment No. .... \$.....; account Per Capita for the ..... 19..... \$.....; leaving a balance of \$..... in the Benefit fund, and \$..... in the General fund, at this date.

We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows

BENEFIT	*GENERAL	TOTAL
\$.....	\$.....	\$.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

In the custody of the Camp Banker .....  
In the hands of the Camp Clerk .....  
On deposit ..... Bank .....  
Loaned on security approved by the Managers .....  
Total .....

We further certify that the Beneficial membership of the Camp, ..... 19....., is correctly indicated on page 10 of Pass report attached and the Social membership on ..... 19....., is correctly reported on page 15 of the Semi-annual report herewith.

Attest: .....  
.....  
Auditor, .....

} Managers.

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

\* Include in Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.



SOCIAL MEMBERSHIP			SOCIAL MEMBERSHIP			Deceased Neighbors (Beneficial)	
SOCIAL MEMBERS IN GOOD STANDING			SOCIAL MEMBERS SUSPENDED			Neighbors who died during the year for No. but not liable for Per Capita	
For Whom Per Capita for the year is Remitted.			For Whom Per Capita for the year is NOT Remitted			NAME	
*NAME	Amount	Adopted	NAME	Amount	Adopted	NAME	Date of Death
1. <i>Boss Baker</i>	<i>6.0</i>	<i>1-20-06</i>	1. _____	_____	_____	1. _____	_____
2. <i>Conroy Baker</i>	<i>6.0</i>	<i>1-5-09</i>	2. _____	_____	_____	2. _____	_____
3. <i>Howard Bagud</i>	<i>6.0</i>	<i>4-19-10</i>	3. _____	_____	_____	3. _____	_____
4. <i>Geo. Bandy</i>	<i>6.0</i>	<i>3-3-08</i>	4. _____	_____	_____	4. _____	_____
5. <i>Van Bandy</i>	<i>6.0</i>	<i>5-3-08</i>	5. _____	_____	_____	5. _____	_____
6. <i>J. H. Cornwell</i>	<i>6.0</i>	<i>3-17-08</i>	6. _____	_____	_____	6. _____	_____
7. <i>C. O. Dyer</i>	<i>6.0</i>	<i>3-3-08</i>	7. _____	_____	_____	7. _____	_____
8. <i>E. M. Eason</i>	<i>6.0</i>	<i>2-3-07</i>	8. _____	_____	_____	8. _____	_____
9. <i>Harry Eason</i>	<i>6.0</i>	<i>5-1-08</i>	9. _____	_____	_____	9. _____	_____
10. <i>Chas. Hutton</i>	<i>6.0</i>	<i>1-5-09</i>	10. _____	_____	_____	10. _____	_____
11. <i>A. J. Harrison</i>	<i>6.0</i>	<i>1-19-09</i>	11. _____	_____	_____	11. _____	_____
12. <i>H. H. Harrison</i>	<i>6.0</i>	<i>8-8-07</i>	12. _____	_____	_____	12. _____	_____
13. <i>Van Phillips</i>	<i>6.0</i>	<i>3-17-08</i>	13. _____	_____	_____	13. _____	_____
14. <i>Chas. Ruff</i>	<i>6.0</i>	<i>7-20-09</i>	14. _____	_____	_____	14. _____	_____
15. <i>A. J. Schumaker</i>	<i>6.0</i>	<i>1-20-06</i>	15. _____	_____	_____	15. _____	_____
16. <i>A. J. Wittenburg</i>	<i>6.0</i>	<i>1-5-09</i>	16. _____	_____	_____	16. _____	_____
17. <i>W. J. Wittenburg</i>	<i>6.0</i>	<i>12-20-10</i>	17. _____	_____	_____	17. _____	_____
18. _____	_____	_____	18. _____	_____	_____	18. _____	_____
19. _____	_____	_____	19. _____	_____	_____	19. _____	_____
20. _____	_____	_____	20. _____	_____	_____	20. _____	_____
21. _____	_____	_____	21. _____	_____	_____	21. _____	_____
22. _____	_____	_____	22. _____	_____	_____	22. _____	_____
23. _____	_____	_____	23. _____	_____	_____	23. _____	_____
24. _____	_____	_____	24. _____	_____	_____	24. _____	_____
25. _____	_____	_____	25. _____	_____	_____	25. _____	_____
26. _____	_____	_____	26. _____	_____	_____	26. _____	_____
27. _____	_____	_____	27. _____	_____	_____	27. _____	_____
28. _____	_____	_____	28. _____	_____	_____	28. _____	_____
29. _____	_____	_____	29. _____	_____	_____	29. _____	_____
30. _____	_____	_____	30. _____	_____	_____	30. _____	_____
31. _____	_____	_____	31. _____	_____	_____	31. _____	_____
32. _____	_____	_____	32. _____	_____	_____	32. _____	_____
33. _____	_____	_____	33. _____	_____	_____	33. _____	_____
34. _____	_____	_____	34. _____	_____	_____	34. _____	_____
35. _____	_____	_____	35. _____	_____	_____	35. _____	_____
36. _____	_____	_____	36. _____	_____	_____	36. _____	_____
37. _____	_____	_____	37. _____	_____	_____	37. _____	_____
38. _____	_____	_____	38. _____	_____	_____	38. _____	_____
39. _____	_____	_____	39. _____	_____	_____	39. _____	_____
40. _____	_____	_____	40. _____	_____	_____	40. _____	_____

Semi-Annual Membership Statement			
Item	At the Rate of 60c for Each Member	Members	Amount
1	Total Beneficial membership on Assessment No. 268	<i>54</i>	<i>46.65</i>
2	Admitted by card-not yet liable for Assessments (Item 2, page 10)	_____	_____
3	Social Neighbors in good standing	<i>18</i>	<i>10.80</i>
4	Totals	<i>72</i>	<i>57.45</i>

DEDUCTIONS			
Item	At the Rate of 60c for Each Member	Members	Amount
5	Withdrawn by card (Item 5, page 10)	_____	_____
6	Deceased (Item 1, page 10)	_____	_____
7	Total deductions	_____	_____
8	Net membership for whom Per Capita is remitted	<i>72</i>	<i>56.85</i>
9	Per Capita arrears for Social Neighbors reinstated on this report	_____	_____
10	Per Capita arrears for Beneficial Neighbors reinstated on this report	_____	_____
11	Per Capita short last report	_____	_____
	Total Per Capita due	_____	<i>56.85</i>

ADMITTED BY TRANSFER CARD (Beneficial)			
Item	NAME	From Camp No.	Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

WITHDRAWN BY CARD (Beneficial)			
Item	NAME	To Camp No.	Date of Deposit
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

\*If any of your Social Neighbors have not received Social certificates of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR			
Camp No. <i>8750</i>	<i>Boone Grove</i>	State of <i>Ind.</i>	
The undersigned, Managers and Special Auditor of Camp No. <i>8750</i> , upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof; that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended <i>Dec 31</i> , 1910.			
On <i>Dec 31</i> , 1910, there was in our Benefit and General funds (including Assessment No. <i>268</i> and First quarter, 1911, dues): Benefit fund \$ <i>49.45</i> ; General fund, \$ <i>184.71</i> .			
We find as due Head Camp, including arrears for members reinstating on Assessment No. <i>268</i> , \$ <i>_____</i> ; account Per Capita for the <i>First</i> quarter, 1911, \$ <i>43.20</i> ; leaving a balance of \$ <i>1</i> in the Benefit fund, and \$ <i>141.21</i> in the General fund, at this date.			
We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows			
		BENEFIT	*GENERAL
		\$ <i>49.45</i>	\$ <i>141.21</i>
		TOTAL	\$ <i>190.66</i>
In the custody of the Camp Banker			
In the hands of the Camp Clerk			
On deposit _____ Bank			
Loaned on security approved by the Managers			
Total _____			
We further certify that the Beneficial membership of the Camp, <i>Dec 31</i> , 1910, is correctly indicated on page 10 of Pass report attached and the Social membership on <i>Dec 31</i> , 1910, is correctly reported on page 15 of the Semi-annual report herewith.			
Attest:	<i>J. C. Holland</i> <i>W. J. Wittenburg</i> <i>S. J. Raso</i>		
	Managers.		
	Auditor.		

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

\* Include in Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.

SOCIAL MEMBERSHIP			SOCIAL MEMBERSHIP			Deceased Neighbors (Beneficial)	
SOCIAL MEMBERS IN GOOD STANDING			SOCIAL MEMBERS SUSPENDED			Neighbors who died during the year for No. but not liable for Per Capita	
For Whom Per Capita for the year is Remitted.			For Whom Per Capita for the year is NOT Remitted			NAME	
*NAME	Amount	Adopted	NAME	Amount	Adopted	NAME	Date of Death
1. <i>Ross Baker</i>	<i>6.0</i>	<i>11-20-06</i>	1. _____	_____	_____	1. _____	_____
2. <i>Conroy Baker</i>	<i>6.0</i>	<i>1-5-09</i>	2. _____	_____	_____	2. _____	_____
3. <i>Howard Bagud</i>	<i>6.0</i>	<i>4-19-10</i>	3. _____	_____	_____	3. _____	_____
4. <i>Geo. Bandy</i>	<i>6.0</i>	<i>3-3-08</i>	4. _____	_____	_____	4. _____	_____
5. <i>Van Bandy</i>	<i>6.0</i>	<i>5-3-08</i>	5. _____	_____	_____	5. _____	_____
6. <i>J. H. Cornwell</i>	<i>6.0</i>	<i>3-17-08</i>	6. _____	_____	_____	6. _____	_____
7. <i>C. O. Dyer</i>	<i>6.0</i>	<i>3-3-08</i>	7. _____	_____	_____	7. _____	_____
8. <i>E. M. Eason</i>	<i>6.0</i>	<i>2-3-07</i>	8. _____	_____	_____	8. _____	_____
9. <i>Harry Eason</i>	<i>6.0</i>	<i>5-1-08</i>	9. _____	_____	_____	9. _____	_____
10. <i>Chas. Hutton</i>	<i>6.0</i>	<i>1-5-09</i>	10. _____	_____	_____	10. _____	_____
11. <i>A. J. Harrison</i>	<i>6.0</i>	<i>1-19-09</i>	11. _____	_____	_____	11. _____	_____
12. <i>H. H. Harrison</i>	<i>6.0</i>	<i>8-8-07</i>	12. _____	_____	_____	12. _____	_____
13. <i>Van Phillips</i>	<i>6.0</i>	<i>3-17-08</i>	13. _____	_____	_____	13. _____	_____
14. <i>Chas. Ruff</i>	<i>6.0</i>	<i>7-20-09</i>	14. _____	_____	_____	14. _____	_____
15. <i>A. J. Schumaker</i>	<i>6.0</i>	<i>1-20-06</i>	15. _____	_____	_____	15. _____	_____
16. <i>A. J. Wittenburg</i>	<i>6.0</i>	<i>1-5-09</i>	16. _____	_____	_____	16. _____	_____
17. <i>W. J. Wittenburg</i>	<i>6.0</i>	<i>12-20-10</i>	17. _____	_____	_____	17. _____	_____
18. _____	_____	_____	18. _____	_____	_____	18. _____	_____
19. _____	_____	_____	19. _____	_____	_____	19. _____	_____
20. _____	_____	_____	20. _____	_____	_____	20. _____	_____
21. _____	_____	_____	21. _____	_____	_____	21. _____	_____
22. _____	_____	_____	22. _____	_____	_____	22. _____	_____
23. _____	_____	_____	23. _____	_____	_____	23. _____	_____
24. _____	_____	_____	24. _____	_____	_____	24. _____	_____
25. _____	_____	_____	25. _____	_____	_____	25. _____	_____
26. _____	_____	_____	26. _____	_____	_____	26. _____	_____
27. _____	_____	_____	27. _____	_____	_____	27. _____	_____
28. _____	_____	_____	28. _____	_____	_____	28. _____	_____
29. _____	_____	_____	29. _____	_____	_____	29. _____	_____
30. _____	_____	_____	30. _____	_____	_____	30. _____	_____
31. _____	_____	_____	31. _____	_____	_____	31. _____	_____
32. _____	_____	_____	32. _____	_____	_____	32. _____	_____
33. _____	_____	_____	33. _____	_____	_____	33. _____	_____
34. _____	_____	_____	34. _____	_____	_____	34. _____	_____
35. _____	_____	_____	35. _____	_____	_____	35. _____	_____
36. _____	_____	_____	36. _____	_____	_____	36. _____	_____
37. _____	_____	_____	37. _____	_____	_____	37. _____	_____
38. _____	_____	_____	38. _____	_____	_____	38. _____	_____
39. _____	_____	_____	39. _____	_____	_____	39. _____	_____
40. _____	_____	_____	40. _____	_____	_____	40. _____	_____

Semi-Annual Membership Statement			
Item	At the Rate of 60c for Each Member	Members	Amount
1	Total Beneficial membership on Assessment No. 263	<i>54</i>	<i>43.00</i>
2	Admitted by card-not yet liable for Assessments (Item 2, page 10)	_____	_____
3	Social Neighbors in good standing	<i>17</i>	<i>10.30</i>
4	Totals	<i>71</i>	<i>53.30</i>

DEDUCTIONS			
Item	At the Rate of 60c for Each Member	Members	Amount
5	Withdrawn by card (Item 5, page 10)	_____	_____
6	Deceased (Item 1, page 10)	_____	_____
7	Total deductions	_____	_____
8	Net membership for whom Per Capita is remitted	<i>71</i>	<i>42.80</i>
9	Per Capita arrears for Social Neighbors reinstated on this report	_____	_____
10	Per Capita arrears for Beneficial Neighbors reinstated on this report	_____	_____
11	Per Capita short last report	_____	_____
	Total Per Capita due	_____	<i>42.80</i>

ADMITTED BY TRANSFER CARD (Beneficial)			
Item	NAME	From Camp No.	Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

WITHDRAWN BY CARD (Beneficial)			
Item	NAME	To Camp No.	Date of Deposit
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

\*If any of your Social Neighbors have not received Social certificates of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR			
Camp No. <i>8750</i>	<i>Boone Grove</i>	State of <i>Ind.</i>	
The undersigned, Managers and Special Auditor of Camp No. <i>8750</i> , upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof; that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended <i>July 1</i> , 1911.			
On <i>July 1</i> , 1911, there was in our Benefit and General funds (including Assessment No. <i>263</i> and Second quarter, 1911, dues): Benefit fund \$ <i>43.30</i> ; General fund, \$ <i>237.31</i> .			
We find as due Head Camp, including arrears for members reinstating on Assessment No. <i>263</i> , \$ <i>45.60</i> ; account Per Capita for the <i>Second</i> quarter, 1911, \$ <i>42.60</i> ; leaving a balance of \$ <i>199.71</i> in the Benefit fund, and \$ <i>199.71</i> in the General fund, at this date.			
We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows			
		BENEFIT	*GENERAL
		\$ <i>43.30</i>	\$ <i>199.71</i>
		TOTAL	\$ <i>243.01</i>
In the custody of the Camp Banker			
In the hands of the Camp Clerk			
On deposit _____ Bank			
Loaned on security approved by the Managers			
Total _____			
We further certify that the Beneficial membership of the Camp, <i>July 1</i> , 1911, is correctly indicated on page 10 of Pass report attached and the Social membership on <i>July 1</i> , 1911, is correctly reported on page 15 of the Semi-annual report herewith.			
Attest:	<i>W. J. Wittenburg</i> <i>J. C. Holland</i> <i>S. J. Raso</i>		
	Managers.		
	Auditor.		

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

\* Include in Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.